

Illinois Department of Public Health

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|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6005029</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/17/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROYAL OAKS CARE CENTER</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>605 EAST CHURCH STREET, P O BOX 600<br/>KEWANEE, IL 61443</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S9999   | <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.4090a)1<br/>300.4090a)2<br/>300.4090a)3<br/>300.4090b)1)A<br/>300.4090b)1)B</p> <p>Section 300.4090 Personnel for Providing<br/>Services to Persons with Serious Mental Illness<br/>for Facilities Subject to Subpart S</p> <p>a) Psychiatric Medical Director</p> <p>1) The facility shall have a consultant for the<br/>psychiatric rehabilitation program who is an<br/>Illinois licensed physician and is board eligible or<br/>board certified in psychiatry from the American<br/>Board of Psychiatry and Neurology. The<br/>psychiatric medical director is responsible for<br/>advising the administrator and the Psychiatric<br/>Rehabilitation Services Director on the overall<br/>psychiatric<br/>management of the program's residents.</p> <p>2) There shall be communication linkages<br/>between the psychiatric medical director and the<br/>medical director.</p> <p>3) The psychiatric medical director, working with<br/>the administrator, shall be responsible for<br/>annually approving in writing the facility's written<br/>policies and procedures for the psychiatric<br/>rehabilitation program.</p> <p>b) Psychiatric Rehabilitation Services Director</p> <p>1) A Psychiatric Rehabilitation Services Director<br/>(PRSD) shall be:</p> | S9999   | <p><b>Attachment A</b></p> <p><b>Statement of Licensure Violations</b></p>   |  |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| S9999   | <p>Continued From page 1</p> <p>A) A licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric nurse or licensed professional counselor who has a minimum of at least one year supervisory experience and at least one year of experience working directly with persons with serious mental illness and who has attended an Illinois Department of Public Aid (IDPA) training program; or</p> <p>B) A person with a master's degree in a human services field with at least one year of supervisory experience and at least three years of experience working directly with persons with severe mental illness who has attended an IDPA training program.</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to have a Psychiatric Medical Director and a Psychiatric Rehab Services Director for the past year to provide required services for six significantly mentally ill (SMI) residents of six residents reviewed for SMI services (R6, R8, R11, R17, R19 and R30), in a total sample of 23 and 38 residents identified by the facility as being SMI, from the supplemental sample (R14 and R31 through R67).</p> <p>Findings include:</p> <p>The provided facility form titled "Sub-Part S" noted as "Up-dated" and dated 09/14/15, indicates the facility identified the following residents as significantly mentally ill (SMI): R6, R8, R11, R14, R17, R30 and R31 through R67.</p> | S9999   |  |                          |  |

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| S9999   | <p>Continued From page 2</p> <p>R8's, R11's, R17's and R19's current medical records and R6's and R30's closed records had no documentation of involvement or identifying signatures of a Psychiatric Medical Director or a Psychiatric Rehab Services Director (PRSD) on their respective psychosocial assessments and those quarterly assessments, the psychosocial and psychoactive care plans, the discharge potential forms and those quarterly assessments, the monthly progress notes, the Social Services' Progress notes or the Nurses' Progress Notes over the past year.</p> <p>On 09/14/15 at 10:30 A.M., E11, Social Services, and on 09/15/15 at 8:30 A.M., E12, Licensed Practical Nurse (LPN), both stated they were unsure who the PRSD was and stated two different psychiatrist's names who might be the Psych Medical Director, but both added they were not certain they were correct.</p> <p>On 09/15/15 at 8:45 A.M., E10, Care Plan Coordinator, stated she was not sure if there was any facility staff person covering the PRSD position and that there has been no Psychiatric Medical Director for the past year.</p> <p>E1, Administrator, and E3, Director of Nursing, both stated at 9:05 A.M. on 09/15/15 that there has been no Psychiatric Medical Director and no PRSD for the past year for the facility's SMI population.</p> <p>(B)</p> | S9999   |  |                          |  |